

ARKANSAS DATA ENTRY FORM

Insurer Name: Granite State Insurance Company Contact Person: Terry McMahan
 NAIC Number: 23809 Signature: _____
 Name of Advisory Organization Whose Filing You Are Referencing: NA Telephone #: (877) 244-4288 x 64209
 Co. Affiliation to Advisory Organization: Member Subscriber X Service Purchaser _____
 Reference Filing #: PA-AR-0552 Proposed Effective Date: 10/4/2005 NB; 11/3/2005 RB

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Company Current Loss Cost Multiplier
Private Passenger Auto Liability:							
BI	-8.0%	2.7%					
PD	8.8%	-0.8%					
MP	2.1%	6.9%					
UM	31.3%	0.2%					
Private Passenger Auto Physical Damage:							
COMP	3.7%	68.4%					
COLL	1.1%	-8.6%					
TOTAL OVERALL EFFECT	1.7%	1.6%					

NA Apply Loss Cost Factors to Future Filings? (Y or N)
 105.0% Maximum Rate Increase for any Arkansas Insured (%)
 -41.0% Maximum Rate Decrease for any Arkansas Insured (%)

A. Total Production Exp. 20.70%
 B. General Expense 2.10%
 C. Taxes, License & Fees 2.70%
 D. Underwriting Profit
 & Contingencies 5.00%
 E. Other -2.10%
 F. Total 28.40%

				5 Year History			
Rate Change History				AR Earned	Incurred	Arkansas	Countrywide
Year	Policy Count	%	Eff. Date	Premium (000)	Losses (000)	Loss Ratio	Loss Ratio
2003	0	Launch	9/24/2003				
2004	140	-4.6%	2/2/2004	33	7	21.0%	48.0%
2004	1,299	-9.8%	11/11/2004	959	420	44.0%	57.0%
2005	2,124	-2.3%	3/16/2005	2,257	1,077	48.0%	60.0%